f. to *i.* Rescinded IAB 2/2/94, effective 3/9/94.

j. Over-the-counter drugs may be administered by FR, FR-D, EMT-A, EMT-D, EMT-B, EMT-I or EMT-P service programs upon completion of training and establishment of a written protocol approved by the medical director.

k. All drugs shall be maintained in accordance with the rules of the state board of pharmacy examiners. The rules are available upon request to: Iowa State Board of Pharmacy Examiners, Executive Hills West, Des Moines, Iowa 50319.

l. Accountability for drug exchange, distribution, storage, ownership, and security shall be subject to applicable state and federal requirements. The method of accountability shall be described in the written pharmacy agreement. A copy of the written pharmacy agreement shall be submitted to the department.

m. Ambulance service programs shall maintain a telecommunications system between the emergency medical care provider and the source of their medical direction and other appropriate entities. Nontransport service programs shall maintain a telecommunications system between the emergency medical care provider and the responding ambulance service and other appropriate entities.

n. All communications equipment shall be capable of transmitting and receiving clear and understandable voice communications to and from the service program's communications base and all points within the service program's primary service area.

o. All communications shall be conducted in an appropriate manner and on a frequency approved by the Federal Communications Commission and the department.

132.8(5) Each service program shall establish periodic maintenance and checklist procedures to ensure that:

a. Vehicles are fully equipped and maintained in a safe operating condition. In addition:

(1) All primary response vehicles (ground only) shall be housed in a garage or other facility that prevents engine, equipment and supply freezeup and windshield icing. An unobstructed exit to the street shall also be maintained;

(2) The garage or other facility shall be adequately heated or each primary response vehicle shall have permanently installed auxiliary heating units to sufficiently heat the engine and patient compartment; and

(3) The garage or other facility shall be maintained in a clean, safe condition free of debris or other hazards.

b. The exterior and interior of the vehicles are kept clean. The interior and equipment shall be cleaned after each use as necessary. When a patient with a communicable disease has been transported or treated, the interior and any equipment or nondisposable supplies coming in contact with the patient shall be thoroughly disinfected.

c. All equipment stored in a patient compartment is secured so that, in the event of a sudden stop or movement of the vehicle, the patient and service program personnel are not injured by moving equipment.

d. All airway, electrical and mechanical equipment is kept clean and in proper operating condition.

e. Compartments provided within the vehicles and the medical and other supplies stored therein are kept in a clean and sanitary condition.

f. All linens, airway and oxygen equipment or any other supplies or equipment coming in direct patient contact is of a single-use disposable type or cleaned, laundered or disinfected prior to reuse.

g. Freshly laundered blankets and linen, or disposable linens are used on cots and pillows, and are changed after each use.

h. Proper storage is provided for clean linen.

i. A closed container is provided for soiled supplies.

132.8(6) Service program—incident and accident reports.

a. Incidents of fire or other destructive or damaging occurrences affecting the service program or theft of a service program vehicle, equipment, or drugs shall be reported to the department within seven days following the occurrence of the incident.

b. A copy of the motor vehicle accident report required under Iowa Code subsection 321.266(2), relating to the reporting of an accident resulting in personal injury, death or property damage, shall be submitted to the department within seven days following an accident involving a service program vehicle.

132.8(7) Mutual aid agreements.

a. The department may require a service program to have a written mutual aid agreement in place with at least one neighboring transport service for backup purposes in the event the service program's vehicle is not available in its primary service area. The agreements shall specify the duties and responsibilities of the agreeing parties, and a copy of the written agreement shall be submitted to the department.

b. Nontransport services (operating in conjunction with basic care transport services) shall provide assurances that the ambulance service will have adequate equipment and trained staff to ensure continuity of care. This shall include, if necessary, ensuring that an emergency medical care provider is present with the patient while en route to a hospital.

132.8(8) Iowa ambulance standards.

a. The vehicle shall be capable of a sustained speed of not less than 55 mph over dry, hard-surfaced, level roads and shall be capable of providing a stable ride during all weather conditions.

b. The vehicle shall be capable of being driven for at least 150 miles before refueling.

c. The electrical system shall be equipped to include, but shall not be limited to:

(1) Dual 12-volt batteries with equal ampere rating;

(2) A 130-ampere alternator system;

(3) Starting, lighting, ignition, visual and audible warning systems and an ampere meter or voltmeter;

(4) Owner-specified electronics equipment;

(5) Devices that include master consoles located in the cab and patient compartments; and

(6) Other owner-specified accessory wiring.

d. All wiring devices, switches, outlets, etc., (except circuit breakers) shall be rated to carry at least 100 percent of the maximum ampere load for which the circuit is protected. All electrical wiring connectors and controls shall be easily identifiable and readily accessible for checking and servicing without having to move equipment or supplies from their usual location within the vehicle.

e. The electrical generating system shall be reliable at outside temperatures ranging from minus 30 degrees Fahrenheit to plus 120 degrees Fahrenheit to permit prompt starting of all systems on board the vehicle while driving to the scene, while idling at the scene for variable periods of time, and while driving from the scene to the hospital with all systems at maximum capacity. The alternator shall be capable of producing a minimum of 130 amperes at 50 percent of the engine's rated net horsepower RPM rating. An alternator producing more than 130 amperes at 50 percent of the furnished engine's rated net horsepower RPM rating shall be used when the ampere load of all electrical equipment and accessories requires it. An auxiliary throttle shall be included to control the RPMs of an idling engine.

f. A dual 12-volt battery system with a labeled "battery selector device" shall be furnished. The batteries shall not be rated less than 375 cold cranking amperes at zero degrees Fahrenheit with 115 minutes reserve capacity.

g. The engine cooling system shall be a closed, air free liquid state type with an overflow recovery tank and a coolant compensating system. The cooling system shall maintain the engine at safe operating temperatures at all drivable altitudes and grades that may be encountered during vehicle use.

h. All normal vehicle controls, switches and instruments shall be clearly identified, within normal reach of the driver and visible by day or night.

i. The specified patient compartment controls, switches, and instruments shall be panel mounted and located within normal reach of a seated attendant facing the rear of the patient compartment forward of the primary patient's head. All patient compartment controls shall be clearly identified and visible by day or night.

j. There shall be emergency lights that provide 360 degrees of visibility and a siren capable of producing at least 100 decibels at 10 feet. A public address system shall be included.

k. There shall be an exterior light over the rear loading door which shall be activated automatically when the door is opened and by a manual switch inside the vehicle. There shall be at least one clear white floodlight on each side of the vehicle.

l. There shall be two mounted spotlights or one hand-held spotlight.

m. The patient compartment size (including interior cabinet space) shall be a minimum of:

(1) Head room, 60 inches;

(2) Length, 116 inches; and

(3) Width, 60 inches.

n. There shall be an in-line oxygen system that includes, as a minimum, an oxygen cylinder with a storage capacity of at least 2000 liters located in a compartment which is vented to the outside. The pressure gauge, regulator and control valve shall be readily accessible. In addition, there shall be at least one oxygen outlet accessible to the head of the patient stretcher.

o. An engine vacuum with a reservoir or electrically powered suction aspirator system with an air flow of at least 30 liters per minute and a vacuum of at least 300 millimeters of mercury shall be securely mounted yet readily accessible. The unit shall be equipped with large bore, nonkinking suction tubing and semirigid, oropharyngeal suction tips (nonmetallic) and shall be located in the patient compartment.

p. All vehicles shall be equipped with a complete climate control system(s) to supply and maintain clean air conditions with a comfortable level of inside temperature in both driver and patient compartments. The various systems for heating, ventilation, and air conditioning may be a separate or a combination system which shall permit independent control of the environment within each compartment.

q. An inflated spare tire and wheel assembly, identical to those on the vehicle, together with the necessary tools for tire changing may be carried, and if carried, preferably located outside the patient compartment.

r. All external storage compartments shall be readily accessible and weatherproofed.

s. The type I modular unit, the type II van unit, and the type III integral cab-modular unit shall be of prime commercial quality metal or other material with strength at least equivalent to all-steel. Wood shall not be used for structural framing. The exterior of the body shall have a smooth finish, except for rub rails, and shall include provisions for doors and windows as specified. The ambulance body as a unit shall be designed and built to provide impact and penetration resistance, and shall be of sufficient strength to support the entire weight of the fully loaded vehicle on its top or side if overturned, without crushing, separation of joints, or permanently deforming roof bow or reinforcements, body posts, doors, strainers, stringers, floor, inner linings, outer panels and other reinforcements.

t. Crash-stable quick-release devices (i.e., seat belts, fasteners, etc.) shall be available for the following:

(1) One driver and one passenger in the front seat(s);

(2) One attendant at the head of the primary patient stretcher;

(3) Two patients on stretchers, one patient on the primary stretcher and one on a backup stretcher (i.e., stair chair, hanging stretcher, etc.); and

(4) Additional equipment and supplies as appropriate for the level of service (medical care) provided.

u. There shall be adequate space to mount radios and allow easy access for maintenance. The radio system shall allow for radio communications to all appropriate entities from the driver's compartment as well as the patient's compartment.

v. Safety equipment shall include, but need not be limited to, flares (or the equivalent) and a readily accessible 5-pound ABC fire extinguisher.

132.8(9) Iowa rescue and first response vehicle standards. Rescinded IAB 2/2/94, effective 3/9/94.

132.8(10) Iowa essential EMS equipment for ambulance and nontransport services.

a. Portable suction apparatus with wide-bore tubing and rigid pharyngeal suction tip.

b. Hand-operated bag-valve-mask unit with adult, child and infant size masks or separate units for each size (an oxygen demand valve may be used in lieu of the adult size unit).

c. Oropharyngeal airways in adult, child and infant sizes.

d. Portable oxygen equipment with pressure and liter flow gauges.

e. Oxygen nasal cannulas.

f. Oxygen masks in adult, child and infant sizes (including a partial or nonrebreather adult size mask).

g. Bite stick.

h. Pocket mask or equivalent.

i. Large and small sterile dressings.

j. Soft roller bandages.

k. Tape of various sizes.

l. Clean burn sheets (need not be sterile).

m. Occlusive dressing (occlusive gauze, plastic wrap or defibrillator pads).

n. Lower extremity traction splint (optional for EMT-A, EMT-D, EMT-B, EMT-I, and EMT-P nontransport services).

o. Extremity immobilizing device (board, ladder or formable splint).

p. Short spine board (or equivalent extrication device) and long spine board (optional for EMT-A, EMT-D, EMT-B, EMT-I, and EMT-P nontransport services).

q. Triangular bandages or slings.

r. Shears and scissors.

s. Sterile obstetrical kit.

t. Aluminum foil or silver swaddler (or equivalent) to maintain infant body temperature.

u. Stethoscope and blood pressure cuff (adult size required with pediatric size recommended).

v. Penlight or equivalent and flashlight.

w. Rigid extrication collars (Philadelphia, stiff-neck or equivalent) in at least three basic sizes.

x. Defibrillator (required, except for basic level services).

1. Automated, portable, battery-operated. (FR-D).
2. Manual or automated, portable, battery-operated. (EMT-D, EMT-B, EMT-I, EMT-P).

y. Esophageal/tracheal double-lumen airway device (required, except for basic level services).

132.8(11) Implementation. The director may grant exceptions and variances from the requirements of this chapter for any ambulance or nontransporting service. Exceptions or variations shall be reasonably related to undue hardships which existing services experience in complying with this chapter. No exception or variance may be granted unless the service has adopted a plan, approved by the department prior to July 1, 1996, to achieve compliance during a period not to exceed seven years. Services requesting exceptions and variances shall be subject to other applicable rules adopted pursuant to 147A. Nothing in this chapter shall be construed to require any ambulance or nontransporting service to provide a level of care beyond minimum basic care standards.

641—132.9(147A) Service program—off-line medical direction.

132.9(1) The medical director shall be responsible for providing appropriate medical direction and overall supervision of the medical aspects of the service program and shall ensure that those duties and responsibilities are not relinquished before a new or temporary replacement is functioning in that capacity.

132.9(2) The medical director's duties include, but need not be limited to:

a. Developing, approving and updating protocols to be used by service program personnel.

b. Developing and maintaining liaisons between the service, other physicians, physician designees, and hospitals.

c. Monitoring and evaluating the activities of the service program and individual personnel performance.

d. Assessing the continuing education needs of the service and individual service program personnel and assisting them in obtaining the appropriate continuing education programs.

e. Being available for individual evaluation and consultation to service program personnel.

f. Performing or appointing a designee to complete the medical audits required in subrule 132.9(4).

g. Ensuring maintenance of skills by service program personnel including:

(1) Documenting training on specific equipment used by the service program. Such training may be performed by an approved training program or other qualified individual approved by the medical director.

(2) Documenting the monthly or quarterly defibrillation practice sessions required in subrule 132.8(1), paragraph *"o."*

(3) The medical director may remove an individual from service program participation and require remedial education including, but not limited to: classroom instruction, clinical experience and field experience.

h. Informing the medical community of the emergency medical care being provided according to approved protocols in the service program area.

i. Helping to resolve service operational problems.

132.9(3) Supervising physicians and physician designees may assist the medical director by:

a. Providing medical direction.

b. Reviewing the emergency medical care provided.

c. Reviewing and updating protocols.

d. Providing and assessing continuing education needs for service program personnel.

e. Helping to resolve operational problems.

132.9(4) The medical director, supervising physicians, physician designees or other qualified designees shall randomly audit (at least quarterly) documentation of calls where emergency medical care was provided. The medical director shall randomly review audits performed by the supervising physician, physician designee or other designee. The audit shall be in writing and shall include, but need not be limited to:

a. Reviewing the patient care provided by service program personnel and remedying any deficiencies or potential deficiencies that may be identified regarding medical knowledge or skill performance.

b. Time spent at the scene.

c. Tiered response.

132.9(5) The medical director shall approve written protocols for each drug carried by the service program which describe when and how each drug may be administered.

132.9(6) On-line medical direction when provided through a hospital.

a. The medical director shall designate in writing at least one hospital which has established a written on-line medical direction agreement with the department. It shall be the medical director's responsibility to notify the department in writing of changes regarding this designation.

b. Hospitals signing an on-line medical direction agreement shall:

(1) Ensure that the supervising physicians or physician designees will be available to provide on-line medical direction via radio communications on a 24-hour-per-day basis.

(2) Identify the service programs for which on-line medical direction will be provided.

(3) Establish written protocols for use by supervising physicians and physician designees who provide on-line medical direction.

(4) Administer a quality assurance program to review orders given. The program shall include a mechanism for the hospital and service program medical directors to discuss and resolve any identified problems.

c. A hospital which has a written medical direction agreement with the department may provide medical direction for any or all service program authorization levels and may also agree to provide backup on-line medical direction for any other service program when that service program is unable to contact its primary source of on-line medical direction.

d. Only supervising physicians or physician designees shall provide on-line medical direction via radio communications. However, a physician, registered nurse or EMT (of equal or higher level) may relay orders to emergency medical care personnel, without modification, from a supervising physician or physician designee.

e. On an annual basis, the hospital shall notify the department in writing of any changes in the supervising physicians and physicians providing on-line medical direction.

f. Supervising physicians and physician designees shall be trained in the proper use of radio protocols and equipment.

g. The department may verify a hospital's communications system to ensure compliance with the on-line medical direction agreement.

h. A supervising physician or physician designee who gives orders (directly or via communications equipment from some other point) to an emergency medical care provider is not subject to criminal liability by reason of having issued the orders and is not liable for civil damages for acts or omissions relating to the issuance of the orders unless the acts or omissions constitute recklessness.

i. Nothing in these rules requires or obligates a hospital, supervising physician or physician designee to approve requests for orders received from emergency medical care personnel.

NOTE: Hospitals in other states may participate provided the applicable requirements of this subrule are met.

641—132.10(147A) Complaints and investigations—denial, citation and warning, probation, suspension or revocation of service program authorization or renewal.

132.10(1) All complaints regarding the operation of authorized emergency medical care service programs, or those purporting to be or operating as the same, shall be reported to the department. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

132.10(2) Complaints and the investigative process will be treated as confidential in accordance with Iowa Code chapter 22.

132.10(3) Service program authorization may be denied, issued a citation and warning, placed on probation, suspended or revoked by the department in accordance with Iowa Code subsection 147A.5(3) for any of the following reasons:

a. Failure or repeated failure of the applicant or alleged violator to meet the requirements or standards established pursuant to Iowa Code chapter 147A or the rules adopted pursuant to that chapter.

b. Obtaining or attempting to obtain or renew or retain service program authorization by fraudulent means, misrepresentation or by submitting false information.

c. Engaging in conduct detrimental to the well-being or safety of the patients receiving or who may be receiving emergency medical care.

132.10(4) The department shall notify the applicant of the granting or denial of authorization or renewal, or shall notify the alleged violator of action to issue a citation and warning, place on probation or suspend or revoke authorization or renewal pursuant to Iowa Code sections 17A.12 and 17A.18. Notice of issuance of a denial, citation and warning, probation, suspension or revocation shall be served by restricted certified mail, return receipt requested, or by personal service.

132.10(5) Any requests for appeal concerning the denial, citation and warning, probation, suspension or revocation of service program authorization or renewal shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 30 days of the receipt of the department's notice. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. If such a request is made within the 30-day time period, the notice shall be deemed to be suspended. Prior to or at the hearing, the department may rescind the notice upon satisfaction that the reason for the denial, citation and warning, probation, suspension or revocation has been or will be removed. After the hearing, or upon default of the applicant or alleged violator, the administrative law judge shall affirm, modify or set aside the denial, citation and warning, probation, suspension or revocation. If no request for appeal is received within the 30-day time period, the department's notice of denial, probation, suspension or revocation shall become the department's final agency action.

132.10(6) Upon receipt of an appeal that meets contested case status, the appeal shall be forwarded within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

132.10(7) The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 10.

132.10(8) When the administrative law judge makes a proposed decision and order, it shall be served by restricted certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department's final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken as provided in subrule 132.10(9).

132.10(9) Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge's proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

132.10(10) Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

a. All pleadings, motions, and rules.

b. All evidence received or considered and all other submissions by recording or transcript.

c. A statement of all matters officially noticed.

d. All questions and offers of proof, objections, and rulings thereon.

e. All proposed findings and exceptions.

f. The proposed decision and order of the administrative law judge.

132.10(11) The decision and order of the director becomes the department's final agency action upon receipt by the aggrieved party and shall be delivered by restricted certified mail, return receipt requested, or by personal service.

132.10(12) It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

132.10(13) Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is: Bureau of Emergency Medical Services, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075.

132.10(14) The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

132.10(15) Final decisions of the department relating to disciplinary proceedings may be transmitted to the appropriate professional associations, the news media or employer.

641—132.11(147A) Complaints and investigations—denial, citation and warning, probation, suspension, or revocation of emergency medical care personnel certificates or renewal.

132.11(1) The department may deny an application for issuance or renewal of an emergency medical care provider certificate, including specialty certifications, or place on probation, or issue a citation and warning, suspend or revoke the certificate when it finds that the applicant or certificate holder has committed any of the following acts or offenses:

a. Negligence in performing emergency medical care.

b. Failure to follow the directions of supervising physicians or their designees.

c. Rendering treatment not authorized under Iowa Code chapter 147A.

d. Fraud in procuring certification or renewal.

e. Professional incompetency.

f. Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of a profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established.

g. Habitual intoxication or addiction to drugs.

h. Falsification of medical records.

i. Fraud in representation as to skill, ability or certification.

j. Willful or repeated violations of Iowa Code chapter 147A or these rules.

k. Violating a statute of this state, another state, or the United States, without regard to its designation as either a felony or misdemeanor, which relates to the provision of emergency medical care. A certified copy of the record of conviction or plea of guilty is conclusive evidence of the violation.

l. Having certification to practice emergency medical care suspended or revoked, or having other disciplinary action taken by a licensing or certifying authority of another state, territory or country. A certified copy of the record or order of suspension, revocation or disciplinary action is conclusive or prima facie evidence.

m. Practicing the profession while certification is suspended.

n. Violating the terms of probation, settlement or a decision and order.

o. Falsifying certification renewal reports or failure to comply with the renewal audit request.

132.11(2) If clinical issues are involved, the matter shall be referred to the board for completion of the investigation and the conduct of any disciplinary proceeding pursuant to Iowa Code chapter 17A. The findings of the board shall be the final decision for purposes of Iowa Code section 17A.15 and shall be enforced by the department.

641—132.12(147A) Complaints and investigations—denial, citation and warning, probation, suspension, or revocation of training program or continuing education provider approval or renewal. The department may deny an application for approval or renewal, or issue a citation and warning, or place on probation, or suspend or revoke the approval or renewal when it finds that the applicant has failed to meet the applicable provisions of these rules or has committed any of the following acts or offenses:

1. Fraud in procuring approval or renewal.
2. Falsification of training or continuing education records.
3. Suspension or revocation of approval to provide emergency medical care training or other disciplinary action taken pursuant to Iowa Code chapter 147A. A certified copy of the record or order of suspension, revocation or disciplinary action is conclusive or prima facie evidence.

641—132.13(147A) Complaints, investigations and appeals.

132.13(1) All complaints regarding emergency medical care personnel, training programs or continuing education providers, or those purporting to be or operating as the same, shall be reported to the department. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

132.13(2) An emergency medical care provider who has knowledge of an emergency medical care provider or service program that has violated Iowa Code chapter 147A or 641—Chapter 132 shall report such information to the department.

132.13(3) Complaint investigations may result in the department's issuance of a notice of denial, citation and warning, probation, suspension or revocation.

132.13(4) A determination of mental incompetence by a court of competent jurisdiction automatically suspends a certificate for the duration of the certificate unless the department orders otherwise.

132.13(5) Notice of denial, issuance of a citation and warning, probation, suspension or revocation shall be effected in accordance with the requirements of Iowa Code section 17A.12. Notice to the alleged violator of denial, probation, suspension or revocation shall be served by certified mail, return receipt requested, or by personal service.

132.13(6) Any request for a hearing concerning the denial, citation and warning, probation, suspension or revocation shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 20 days of the receipt of the department's notice to take action. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. If the request is made within the 20-day time period, the notice to take action shall be deemed to be suspended pending the hearing. Prior to or at the hearing, the department may rescind the notice upon satisfaction that the reason for the denial, citation and warning, probation, suspension or revocation has been or will be removed. If no request for a hearing is received within the 20-day time period, the department's notice of denial, citation and warning, probation, suspension or revocation shall become the department's final agency action.

132.13(7) Upon receipt of a request for hearing, the request shall be forwarded within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

132.13(8) The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 4.

132.13(9) When the administrative law judge makes a proposed decision and order, it shall be served by certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department's final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken as provided in subrule 132.13(11).

132.13(10) Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge's proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

132.13(11) Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

a. All pleadings, motions, and rules.

b. All evidence received or considered and all other submissions by recording or transcript.

c. A statement of all matters officially noticed.

d. All questions and offers of proof, objections and rulings on them.

e. All proposed findings and exceptions.

f. The proposed decision and order of the administrative law judge.

132.13(12) The decision and order of the director becomes the department's final agency action upon receipt by the aggrieved party and shall be delivered by certified mail, return receipt requested, or by personal service.

132.13(13) It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

132.13(14) Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

132.13(15) The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

132.13(16) Final decisions of the department relating to disciplinary proceedings may be transmitted to the appropriate professional associations, the news media or employer.

641—132.14(147A) Temporary variances.

132.14(1) If during a period of authorization there is some occurrence that temporarily causes a service program to be in noncompliance with these rules, the department may grant a temporary variance. Temporary variances to these rules (not to exceed six months in length per any approved request) may be granted by the department to a currently authorized service program. Requests for temporary variances shall comply only to the service program requesting the variance and shall apply only to those requirements and standards for which the department is responsible.

132.14(2) To request a variance, the service program shall:

a. Notify the department verbally (as soon as possible) of the need to request a temporary variance.

b. Cite the rule from which the variance is requested.

c. State why compliance with the rule cannot be maintained.

d. Explain the alternative arrangements that have been or will be made regarding the variance request.

e. Estimate the period of time for which the variance will be needed.

f. Submit to the department, within ten days after having given verbal notification to the department, a written explanation for the temporary variance request that addresses each of the above paragraphs. The address and telephone number are: Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075, (515)281-3741.

132.14(3) Upon notification of a request for variance, the department shall take into consideration, but shall not be limited to:

a. Examining the rule from which the temporary variance is requested to determine if the request is appropriate and reasonable.

b. Evaluating the alternative arrangements that have been or will be made regarding the variance request.

c. Examining the effect of the requested variance upon the level of care provided to the general populace served.

d. Requesting additional information if necessary.

132.14(4) Preliminary approval or denial shall be provided verbally within 24 hours. Final approval or denial shall be issued in writing within ten days after having received the written explanation for the temporary variance request and shall include the reason for approval or denial. If approval is granted, the effective date and the duration of the temporary variance shall be clearly stated.

132.14(5) Rescinded, effective July 10, 1987.

132.14(6) Any request for appeal concerning the denial of a request for temporary variance shall be in accordance with the procedures outlined in rule 132.10(147A).

132.14(7) Rescinded IAB 2/3/93, effective 3/10/93.

641—132.15(147A) Transport options for fully authorized paramedic service programs.

132.15(1) Upon responding to an emergency call, ambulance, or nontransport paramedic level services may make a determination at the scene as to whether emergency medical transportation or nonemergency transportation is needed. The determination shall be made by a paramedic and shall be based upon the nonemergency transportation protocol approved by the service program's medical director. When applying this protocol, the following criteria, as a minimum, shall be used to determine the appropriate transport option:

a. Primary assessment,

b. Secondary assessment (including vital signs and history),

c. Chief complaint,

d. Name, address and age, and

e. Nature of the call for assistance.

Emergency medical transportation shall be provided whenever any of the above criteria indicate that treatment should be initiated.

132.15(2) If treatment is not indicated, the service program may make arrangements for nonemergency transportation. If arrangements are made, the service program shall remain at the scene until nonemergency transportation arrives. During the wait for nonemergency transportation, however, the ambulance or nontransport service may respond to an emergency.

641—132.16(147A) Public access defibrillation. The purpose of this rule is to allow nonemergency response agencies, public or private, to train their employees or associates in the use of the automatic external defibrillator and to provide AED coverage when appropriately trained personnel are available. This rule is intended to enhance and supplement the local EMS system with nontraditional early defibrillation groups/agencies.

132.16(1) *Authority of public access defibrillation provider.* Public access defibrillation providers may perform those skills identified in the public access defibrillation provider curriculum approved by the department, as part of an authorized PAD service program.

132.16(2) *Public access defibrillation provider—training requirements.* Individuals seeking certification as a public access defibrillation provider shall:

a. Be an employee or associate of the public or private business agency applying for PAD service program authorization.

b. Obtain appropriate training approved by the department. PAD provider training shall include as a minimum:

(1) Successful course completion in adult CPR, including one rescuer CPR, foreign body airway obstruction, rescue breathing, recovery position, and activating the EMS system.

(2) Successful completion of an AED curriculum approved by the department.

132.16(3) *PAD service program—application, guidelines, and standards.* A public or private nonemergency response business agency may establish an affiliation with an EMS service program if wishing to provide AED coverage in an EMS service program's service area or may apply for authorization as an independent PAD service program. An application is required and may be obtained by contacting the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075. PAD service programs shall:

a. Provide a medical director licensed under Iowa Code chapter 148, 150, or 150A, who shall be responsible for the overall medical direction of the PAD service program.

b. Use an AED approved by the department.

c. Use the defibrillation protocol approved by the department.

d. Rescinded IAB 12/2/98, effective 1/6/99.

e. Rescinded IAB 12/2/98, effective 1/6/99.

f. Implement a policy for periodic maintenance of the AED.

g. Ensure PAD providers complete quarterly practice sessions in the use of the AED.

h. Identify which authorized Iowa ambulance service program(s) will provide patient transportation.

i. Ensure continuity of care, which may include, if necessary, that the PAD provider accompany the patient to a hospital.

j. Complete a renewal application every three years.

k. Ensure PAD providers maintain current course completion in CPR.

132.16(4) *Complaints and investigations.* Complaints and investigations shall be conducted as with any complaint received against an EMS service program, applying rule 641 IAC 132.10(147A).

These rules are intended to implement Iowa Code chapter 147A.

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